

## Screening, Brief Intervention and Referral to Treatment Voluntary Consent Form

**Introduction:** Welcome to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) project. SBIRT is a five-year lowa Department of Public Health (IDPH) project funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA/CSAT).

**The goal of SBIRT** is to improve the lives and health of people by providing early substance use screening and intervention. Involvement is strictly voluntary. Services could range from a Screening, Brief Intervention, Brief Treatment or a referral for more extensive Treatment services.

**Information from the SBIRT project** will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a possible substance abuse/misuse issue. We are asking you to answer a series of questions. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions, you do not have to answer them.

**Benefits:** You may feel better after talking about your health status and quality of life. In addition, your participation may benefit others by helping us find out whether receiving certain services helps decrease problems related to use of alcohol or other drugs. SBIRT may assist you in paying for services.

Data Interviews: If you consent to participate in SBIRT, you will be asked to take part in three Government Performance Results Act (GPRA) data interviews that take 15 to 45 minutes each—one at admission, one at 6 months and one at discharge from the program. GPRA interviews include questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. This data will be used to monitor your involvement and potential benefit received. The data is confidential and will not identify you by name. You will receive a \$30 dollar gift card for completing the GPRA follow-up interview. If during the attempted completion of the GPRA follow-up interview it is discovered that you are residing in a restricted setting, by signing this consent you grant the interviewer the ability to contact you, which may include disclosure to the facility at which you reside of your involvement in SBIRT.

Release of Information: As part of your involvement in SBIRT, you are authorizing contact between IDPH, SAMHSA, the Iowa Consortium for Substance Abuse Research, and the SBIRT staff where you are receiving services, to obtain information necessary for SBIRT project management. This may include, but is not limited to, screening questionnaires, interviews, information related to fiscal reporting, quality improvement, individual progress, and data collection. By signing this form you are authorizing release of information between you, IDPH, SAMHSA, the Iowa Consortium for Substance Abuse Research and the staff at the location you are seeking services. You may revoke your release of information at any time except to the extent that action has already been taken.

**SBIRT** is **voluntary**: You can refuse to participate in SBIRT or leave at any time. Refusal to participate in SBIRT will not affect any current or future services you receive at the site location. You may refuse to answer certain questions and still participate in SBIRT. If you refuse to answer a question, no one associated with SBIRT will seek the information you did not provide



from some other sources. If you participate in SBIRT and later choose not to participate, information you already have given will remain in the project.

Risks and Confidentiality: IDPH and SBIRT staff take the privacy of your information seriously. SBIRT staff, IDPH, the Iowa Consortium for Substance Abuse Research, and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CRF, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because SBIRT involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information. However, in the special circumstances of the voluntary SBIRT project, you cannot participate if you do not sign the Voluntary Consent Form. There are no foreseeable physical, medical, psychological, or legal risks involved in this project.

A unique identification number will be assigned to you as an SBIRT participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the SBIRT project, you will not be identified.

Rights: You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available SBIRT covered services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, the Iowa Consortium for Substance Abuse Research, and SAMHSA to keep all communications and records confidential

**Questions:** If you have questions or concerns about the SBIRT project, contact IDPH at 515-281-4816 or at www.idph.state.ia.us/sbirt.

I have received, read, and understand the SBIRT - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the SBIRT project.	
Name	Date
Signature	Date
Witness Signature	Date

